IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 15, 2009

Thair Pond, Administrator
Tomorrow's Hope—Armga
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Tomorrow's Hope—Armga, Provider # 13G014

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Tomorrow's Hope—Armga, on September 10, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require

construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **September 28, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

For

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 6, 2009

Thair Pond, Administrator
Tomorrow's Hope
1655 Fairview Avenue Suite 100
Boise, Idaho 83702

RE: Request for Waiver of *IDAPA* 16.03.11.110.02.(e) for Armga, Meridian, Sapphire, Eagle, and Navarro Homes

Dear Mr. Pond:

This office has received your request dated for a waiver of the non-combustible wastebasket requirement.

Your request for waiver is approved in accordance with *IDAPA* 16.03.11.700 for a permanent variance with the following conditions:

1. A designated smoking areas outside each facility be equipped with appropriate ashtrays.
2. A single non-combustible trash receptacle be provided nearby for the disposal and holding of smoking materials.
3. Smoking materials are to be transferred and held in the non combustible container for a period of not less than 24 hours before being placed with outgoing trash.

With the above consideration, all other trash and waste containers may be of any type construction suitable to produce a more home like environment. Please keep in mind the requirements of *IDAPA* 16.03.11.100.3.a when deciding on the design of the trash containers.

If you have any questions, please contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction

MPG/lj

C: Nicole Wisenor, Co-supervisor, Non Long Term Care Program

TOMORROW'S HOPE
1655 FAIRVIEW AVENUE. SUITE 100
BOISE, ID 83702

PHONE: (208) 319-0760
FAX: (208) 319-0765

Taylor Barkley
Health Facility Surveyor
Facility Fire Safety and Construction Program
Bureau of Facility Standards
PO Box 83720
Boise, Idaho 83720-0036

24 September 2009

RE: Request for Waiver

Dear Mr. Barkley,

During your recent survey of our 5 Intermediate Care Facilities, you found a deficiency in State Tag MM324. (IDAPA 16.03.11.110.02(e)) . Our current waste receptacles are not made of non combustible material.

I am requesting a waiver for this Tag. Our facilities are non smoking and there is little if any risk of burning material being placed into the waste cans.

In addition, the current waste receptacles are much more home like and present a more normal environment for our residents.

Therefore, I am requesting waiver of this tag for our Armga home, Medicaid #002535000, our Meridian home, Medicaid # 002534800, our Sapphire home, Medicaid # 002534900, our Eagle home, Medicaid # 002535100, and our Navarro home, Medicaid # 804053500.

Thank you for your time and effort in this manner. If you have any questions, please contact me at the above numbers.

Sincerely,

Thair Pond
Administrator

CC file,homes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G014	A. BUILDING 02 B. WING _____	09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - ARMGA	12306 WEST ARMGA MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, type V (000) building built in 1981 The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 7 ICF-MR beds. The survey was conducted in accordance with 42 CFR 483.470. The following deficiencies were cited during the fire/life safety survey on September 10, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program Mark Grimes Supervisor Fire/Life Safety and Construction Program	K 000	RECEIVED SEP 28 2009 FACILITY STANDARDS	
K0147	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is	K0147	K0147 Emergency plans to be developed and in place and procedures trained to staff Program Director and Administrator responsible by 10/30/09 Plans and procedures are to be in place and procedures trained. Evacuation drills are to be ran and documented monthly and at every two months per shift. Documentation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Thair Pond	Thair Pond, Administrator	09/24/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0147	Continued From page 1 admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the facility. 32.7.1, 33.7.1 This Standard is not met as evidenced by: Based on interview and record review, it was determined that the facility had not ensured that there was a plan for the protection of all persons in the facility. The findings include: Staff interview and record review on September 10, 2009, at 10:15 AM, disclosed that staff could not find a plan for the protection of all persons in the facility and staff stated they did not know what the plan consisted of. Findings were witnessed and noted by facility staff and surveyors.	K0147	is to be reviewed during monthly Quality Assurance Review. Para Q and Q responsible by 10/30/09	
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency	K0152	K0152 Fire drills to ran per shift as required Para Q responsible by 09/30/09 Fire Drills are to ran monthly and at least quarterly per shift as required. Drills are to be documented and monitored during Monthly Quality Assurance Reviews Para Q and Q responsible by 10/30/09	

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TOMORROW'S HOPE - ARMGA	12306 WEST ARMGA MERIDIAN, ID 83642

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K0152	Continued From page 2 and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to hold evacuation drills at least quarterly on each shift. Findings include: During record review on September 10, 2009 at 9:58 AM, revealed that the facility did not have any documentation for having held any graveyard shift drills during the previous twelve months. Findings were witnessed and noted by facility staff and surveyors.	K0152		

Bureau of Facility Standards

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M 000	16.03.11 Inital Comments The facility is a single story, type V (000) building built in 1981 The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for 7 ICF-MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiencies were cited during the fire/life safety survey on September 10, 2009. The annual fire/life safety survey was conducted by: Taylor Barkley - Lead Health Facility Surveyor Fire/Life Safety and Construction Program Mark Grimes Supervisor Fire/Life Safety and Construction Program	M 000	RECEIVED SEP 28 2009 FACILITY STANDARDS	
MM324	16.03.11.110.02(e) Wastebaskets All wastebaskets must be of noncombustible or other approved materials. This Rule is not met as evidenced by: Based on observation it was determined that wastebaskets that were not made of noncombustible material. Findings include: During the facility tour on September 10, 2009 between the hours of 10:09 AM and 10:38 AM, it	MM324	MM324 Facility to request waiver to meet this requirement. Facility is non smoking and waste recepticles provide a more normal home like environemnt. See attached waiver request. Administrator responsible by 09/30/09	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Thair Pond, Administrator — 09/24/09

Bureau of Facility Standards

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MM324	Continued From Page 1 was observed that the Office and the Kitchen contained wastebaskets that were not made of noncombustible material. Findings were witnessed and noted by facility staff and surveyors.	MM324		
MM327	16.03.11.110.02(h) Emergency Electrical Service Each facility must provide emergency electrical service for at least the exit passageway lighting, hall lighting, and the fire alarm system. This Rule is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that all emergency electrical lighting was maintained in working order. The findings include: Observation on September 10, 2009 at 10:19 AM, disclosed that the emergency lighting unit in the Office was not functioning upon pressing of the test button. Findings were witnessed and noted by facility staff and surveyors.	MM327	MM327 Batteries for malfuctioning emergency light were replaced. Maintenance responsible by 09/20/09 Emergency lighting to be checked at least monthly to ensure they are operational. Documentation to be checked during monthly Quality Assurance Review Para Q and Q responsible by 10/30/09	